## DECLARATION AND POWER ATTORNEY FOR PATENT APPLICATION

ATTORN

CKET NO. 10016958-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

| _                       | and joint inventor (if plu<br>a patent is sought on th  | ral names are listed below) o<br>e invention entitled:   | of the subject matter                           | w hich is claimed and for w hich        |  |  |  |  |
|-------------------------|---|--|---|---|--|--|--|--|
|                         | Systems and Methods for Sending Documents the specification of which is attached hereto unless the following box is checked:  |  |   |   |  |  |  |  |
|                         | ( ) was filed on as US Application No. or PCT International Application   |  |   |   |  |  |  |  |
|                         |   | as US Ap<br>and was amen   |   |   |  |  |  |  |
|                         | I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.   |  |   |   |  |  |  |  |
|                         | Foreign Application(s) and for Claim of Foreign Priority  |  |   |   |  |  |  |  |
| <u></u>                 | I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed: |  |   |   |  |  |  |  |
| <b>[]</b>               | COUNTRY   | APPLICATION NUMBER   | DATE FILED                                      | PRIORITY CLAIMED UNDER 35 U.S.C. 119    |  |  |  |  |
| []<br>:=                | OD-   |  |   | YES: NO:                                |  |  |  |  |
| u<br>Nj                 |   |  |   | YES: NO:                                |  |  |  |  |
|                         | Provisional Application   |  |   |   |  |  |  |  |
| -2:                     | I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application   |  |   |   |  |  |  |  |
| wii<br>w                | ·   | APPLICATION NUMBER   | FILING DATE                                     |   |  |  |  |  |
| ij                      |   |  |   |   |  |  |  |  |
| FŦ.                     | ·   |  |   |   |  |  |  |  |
| La                      | U. S. Priority Claim  |  |   | States application(s) listed below and, |  |  |  |  |
| Ţ                       | nanner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: |  |   |   |  |  |  |  |
|                         | APPLICATION NUMBER  | FILING DATE  | STATUS  | (patented/pending/abandoned)            |  |  |  |  |
|                         |   |  |   |   |  |  |  |  |
|                         |   |  |   |   |  |  |  |  |
|                         |   |  |   |   |  |  |  |  |
|                         | POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:  |  |   |   |  |  |  |  |
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|                         | made on information as with the knowledge to  | are true and that all statements at these statements were made nade are punishable by fine or tates Code and that such willfuent issued thereon. |   |   |  |  |  |  |
|                         | Full Name of Inventor: Robo   | ert Sesek  | Citizenship: 11                                 | Citizenship: United States              |  |  |  |  |
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